



MISSOURI DEPARTMENT OF REVENUE  
DIVISION OF TAXATION AND COLLECTION  
PO BOX 300, JEFFERSON CITY, MO 65105-0300  
(573) 751-2611 TDD (800) 735-2966  
**AFFIDAVIT FOR LOSS OF MOTOR FUEL**

FORM  
**4756**  
(REV. 11-2003)

DLN

**SEE INSTRUCTIONS ON REVERSE SIDE**

The director must be notified within ten (10) days from the date of discovery of loss or contamination and this affidavit must be filed within thirty (30) days of the notification by the person having immediate custody of the motor fuel at the time of the loss or contamination.

CLAIMANT'S NAME	TELEPHONE NUMBER	LICENSE NUMBER (IF APPLICABLE)	FEIN OR SOCIAL SECURITY NO.	MONTH/YEAR
ADDRESS	P.O. BOX	CITY	STATE	ZIP

**Exact Location of Loss** — If loss occurred while in transit or at time of unloading, give invoice or manifest number below and attach copy to this claim. If product was returned to terminal attach copy of terminal issued "product return".

CAUSE OF LOSS

**PC — TYPE OF PRODUCT (LIST ONLY ONE PER SHEET)**

065 – Gasoline	142 – Clear Kerosene	122 – Blending Components
123 – Alcohol	160 – Clear Diesel Fuel	(Identify) _____
124 – Gasohol	284 – Bio-Diesel — Undyed B100	Other _____
125 – Aviation Gasoline	285 – Soy Oil	

1 Date of Manifest	2 Manifest Number	3 Gallons Listed Upon Manifest	4 From Whom Purchased Company — City, State	5 Product Code	6 Number of Gallons Lost	7 Date of Loss

1. TOTAL GALLONS LOST	▶		
2. Allowance — (3% Gasoline, Gasohol, Alcohol, Aviation Gas) (2% Diesel Fuel, Kerosene)	▶		
3. Gallons Available for Refund/Credit (Line 1 minus Line 2)	▶		
4. Refund/Credit Amount for Gasoline, Gasohol, Alcohol, Diesel Fuel and Kerosene (Line 3 times .17)	▶		
5. Refund/Credit Amount for Aviation Gas (Line 3 times .09)	▶		

METHOD OR PROCEDURE FOLLOWED IN DETERMINING AMOUNT OF LOSS	Check one <input type="checkbox"/> <b>Credit</b> (licensed suppliers only) <input type="checkbox"/> <b>Refund</b>
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I, the undersigned being first duly sworn, depose and say that I have made the purchases of and paid the tax on the motor fuel as shown above and by the invoices attached hereto, and that I am entitled to a refund under the provision of Section 142.815(8), RSMo — Motor Fuel Tax Laws.

PRINT NAME	CLAIMANT'S SIGNATURE
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**NOTARY**

NOTARY PUBLIC EMBOSSER SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 20	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

APPROVED BY THE DEPARTMENT OF REVENUE	SIGNATURE
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# AFFIDAVIT FOR LOSS OF MOTOR FUEL

## Instructions

This form is to be completed when claiming credit or requesting a refund for tax paid on motor fuel lost or destroyed due to a sudden and unexpected casualty or contamination which makes the fuel unsalable as highway fuel.

Suppliers will be issued credit to be used on their monthly tax report. All other claimants will be issued a refund.

This affidavit must be submitted within thirty (30) days following notification of the loss to the department pursuant to 142.815.2(8):

“Motor fuel which was purchased tax paid and which was lost or destroyed as a direct result of a sudden and unexpected casualty or which had been accidentally contaminated so as to be unsalable as highway fuel as shown by proper documentation as required by the director. The exemption pursuant to this subdivision shall be refunded to the person or entity owning the motor fuel at the time of the contamination or loss. Such person shall notify the director in writing of such event and the amount of motor fuel lost or contaminated within ten days from the date of discovery of such loss or contamination, and **within thirty days after such notice, shall file an affidavit sworn to by the person having immediate custody of such motor fuel at the time of the loss or contamination, setting forth in full the circumstances and the amount of the loss or contamination and such other information with respect thereto as the director may require**”.

## General Instructions

Enter the name, numbers and information for the claimant. If claimant holds a Missouri supplier, permissive supplier or distributor license, provide license number.

Enter the details for loss.

Print name and sign the form.

Notarize form.

If you have questions or need assistance in completing this form, please call (573) 751-2611 or e-mail [excise@dor.mo.gov](mailto:excise@dor.mo.gov). You may also access the department's web site at [www.dor.mo.gov/tax/business/excise/fuel/forms/](http://www.dor.mo.gov/tax/business/excise/fuel/forms/) to obtain this form.